

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.
10-716-724
APPLICANT(S)

FILED DATE
11-19-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	CID	DEP	CID	DEP	CID	DEP
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7		1				
8		1				
9		1				
10	1					
11		1				
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40		1				
41		1				
42		1				
43	1					
44		1				
45		1				
46		3				
47		1				
48		1				
49		1				
50						
TOTAL IND.	6					
TOTAL DEP.	20					
TOTAL CLAIMS	24					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	CID	DEP	CID	DEP	CID	DEP
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						